Missouri State University
FY 2010 Classroom Upgrade Proposal Form

Building/Room: _____ Department: _____

Proposed by: _____ Department Priority Level: _____

Departmental Contact Name:_____ Phone: _____

Proposed Upgrade Category (check one):
Technology Only: _____   Infrastructure Only: _____   Technology and Infrastructure: _____

Classroom Coordinator:_____ Date: _____

The Classroom Coordinator's signature above is confirmation that the initial proposal walkthrough has occurred at least 30 days prior to August 31, 2009.

REQUIRED SIGNATURES
(Approvers may attach additional sheets to include comments if desired.)

Department Head: _____ Date: _____

College ITAC Rep:_____ Date:_____

College Dean: _____ Date: _____

College Assigned Priority Level:_____

This form is to be used to submit all classroom upgrade proposals including technology and/or infrastructure. Following the procedures and time-line as defined by the Missouri State Classroom Upgrade Process, a review and recommendation will be provided by the Instructional Facilities (IF) Team and final funding decisions and priorities will be determined by the Classroom Upgrade Oversight Committee (CUOC). Approved proposals will be scheduled for installation during summer 2010. Please forward the completed form(s), with all required signatures, to the Classroom Coordinator by the **August 31, 2009 deadline**.

Proposal Review
(This section to be completed by the Classroom Upgrade Oversight Committee)

Assigned Funding Category:
Classroom Presentation Upgrades (CPU): _____   Classroom Upgrade Budget (CUB): _____

Classroom Coordinator Approval:_____ Date: _____
Director of the ETC Approval: _____ Date: _____
Office of the Provost Rep. Approval: _____ Date: _____
VP for Admin. Services Approval: _____ Date: _____

Classroom Upgrade Oversight Committee:
Approved _____   Approved with noted modifications _____   Rejected _____

CUOC Assigned Priority Level: _____

Description of Classroom Proposal *(Attach documents if required)*

Provide a narrative for why this proposal should be funded, what it would mean to your unit, and how it could impact the teaching and learning opportunities at the University.

_____

_____

_____

_____

_____

Infrastructure Request

☐ **This request is for infrastructure ONLY**
(please elaborate on an attachment)

☐ **This request includes some infrastructure**
(please elaborate on an attachment)

Technology Level Request

Classroom technology is identified in three technology levels. Please select the technology level that meets your need. If you are unsure about what level to request, please visit the ETC web site Classroom Upgrade section or contact David Caravella, Classroom Coordinator at 836-5959.

☐ **Level 1:** Overhead transparency projector and data jack

☐ **Level 3:** All Level 1 and 2 Plus:
  ☐ Document Camera
  ☐ Crestron Control System
  ☐ SMART Sympoduim
  ☐ SMART AirLiner
  ☐ SMART Board

Other:_____
_____
_____

☐ **Level 2:** Data Jack
  Spectrum Instructor Workstation
  Computer: ☐ Windows PC
  ☐ Apple Macintosh
  Data/Video Projector (ceiling)
  Laptop interface panel
  DVD/VHS VCR Combo
  Amplifier
  Speakers (wall)

Classroom Information

- Number of Courses Scheduled each semester: _____

- Number of Students impacted per semester: _____

- Scheduling**:**

  ○ Is this room under general scheduling?   Y   N

  ○ Is this room a priority schedule with general scheduling also available?   Y   N
    If yes, do you schedule 40% or more of available time?   Y   N

  ○ Is room scheduling restricted to the department making this request?   Y   N

Comments:_____

_____

_____